

TAYLOR (Jas. H.)

HOW SHALL WE REAR
OUR BABIES?

BY

JAMES H. TAYLOR, A. M., M. D.,
Professor of Diseases of Children and Clinical Medi-
cine, the Medical College of Indiana.

REPRINTED FROM THE
AMERICAN GYNÆCOLOGICAL AND OBSTETRICAL JOURNAL
FOR OCTOBER, 1895.



HOW SHALL WE REAR OUR BABIES?*

BY JAMES H. TAYLOR, A. M., M. D.,

Professor of Diseases of Children and Clinical Medicine, The Medical College of Indiana.

How shall we rear our babies? is a question full of weight and importance; it is asked at the fireside of every home; it is written in the countenance of every mother; it is of equal interest to the poor and the rich. Last, but not least, it is one of the most difficult problems which confronts the physician in his daily life. The answer, "Comply with the laws of Nature," is one which, I trust, will harmonize with the views of all. Were this rule observed in every detail the many pains and discomforts of early life would be diminished, the slumbers of many a household more peaceful, and the duties of the physician less arduous.

To be consistent with the "*laws of Nature*," every mother should nurse her infant at the breast. Chemists and bacteriologists tell us to use "sterilized milk." How can there be a more complete sterilization than is found in the mother's breast? Society and fashion have led many mothers (much to their shame) to abandon Nature's method. Many women resort to different means under the false pretense of some trivial hindrance to lactation. Every mother who willfully, and without just cause, refuses to nurse her child, to that degree contributes to the increase of infantile mortality. Ill health, congenital malformation of the breasts, and some other causes sometimes render the function of lactation impossible.

Mother's milk is the best. Some other mother's is the next best. A wet-nurse, therefore, should be secured. The "busybody" neighbor, who is a curse rather than a blessing to a community, suggests by all means to use the bottle. She depicts in glowing terms the advantages of leaving her infant with the nurse while attending the theatre, a party, or some other place of amusement. She encourages the young mother by relating many instances of successful rearing by

* Read before the Mississippi Valley Medical Association, September 4, 1895.



the artificial method. But, alas! she fails to disclose the names of the dear little ones whose very silence in the cemeteries betrays the fallacy of her methods.

The fitful cry of the infant appeals to the physician at this critical moment. It is to him it looks for aid. From the physician the mother should seek advice. He should awaken to the keenness of his responsibility. He will tax his skill and energy to the utmost in battling with some fatal intestinal malady which indirectly is the result of his neglect to outline, in the hour in question, a means which promises to prevent the malady. If a human being ever needs the advice of a physician it is the innocent babe born as a tramp dependent upon the door-to-door refuse for its sustenance. If the physician succeeds in procuring a wet-nurse his services have been invaluable, his efforts timely, and his method prophylactic. Give the physicians more wet-nurses and they will show a decrease in the number of intestinal disorders on the records of our boards of health. I would favor educating our women among the poorer classes to become wet-nurses. Dispensary physicians and members of charity organizations could accomplish much in this direction. In their daily visits they should endeavor to instruct the mothers as to the advantages to be gained by nursing their own infants, and the manifold comforts which would result by their becoming wet-nurses in the homes of others. Let the medical profession take a bold stand in favor of this plan, and public sentiment would soon lend its support. The flattering results which would accrue to the succeeding generation of infants would be our reward.

Nature's method alone will not suffice if obstacles are thrown in her pathway.

There is one very common and fruitful source of injury which I will term "just a taste." From time immemorial there has existed the pernicious custom of taking baby to the table and giving it just a taste. Nature never intended beefsteak, mutton chops, potatoes, gravy, and the like, for the delicate digestive tract of the newborn babe. "I want my child to get used to it," says the mother, with an expression of wisdom and self-assurance. As well let it get used to a razor or hot curling iron for the service they will render in years to come. The manner in which "just a taste" is usually given is filthy and disgusting, to say nothing of its deleterious effects. I have seen the mother take a morsel of food, chew it until it becomes soft and mixed with the myriads of bacteria which her saliva contains, and then feed the poisonous mass to her baby. The interchangeable use

of tobacco and chewing gum among adults would not be more obnoxious; and such a practice, though loathsome, would be far less liable to produce disease. "Just a taste" is a common bearer of the elements of fermentation and disease. Aside from its uncleanness, in the light of our present bacteriological knowledge the custom merits universal condemnation.

A condition antagonistic to "Nature's method is unclean nipples. The mother should be taught the importance of washing the nipples with a boric acid or some other antiseptic solution before and after each nursing. The mouth of the infant should receive the same antiseptic treatment. Attention to these points would enable her to prevent fissured nipples, mastitis, and some other conditions which are the sources of gastro-intestinal troubles in the child. These points, together with many others—such as cooling the breasts after being overheated, rest after exhaustion, overjoy, grief, etc., before nursing—may seem little things, but a careful observance of them often prevents graver evils.

One of the most influential factors in the proper rearing of the infant resides in the mother *per se*. There are many qualifications embodied in the "perfect mother." I will mention some of them: Purity of morals, love and affection for her baby, fondness for her home and its occupants, a congenial disposition, and other elements which tend to complete the environments of a true domestic life. Such an one will not nurse her baby while in a fit of anger or excitement, thus precipitating convulsions and sometimes death. Such an one will not indulge in intoxicants and impart the habit to the innocent offspring. Such an one will not forsake her home and turn the baby over to the indifferent care of others, in order that she may enjoy the pleasures of society or revel in an atmosphere of dissipation.

Nay! such an one will find ample pleasure within the realms of her own home; she will devote her daily life to that which is good and noble; she will exert such a combined influence that the infant reared by her will develop not only physically, but morally and intellectually.

Bathing, clothing, and hygienic surroundings hold an important place in the rearing of infants. From the time the baby receives its "hot-water plunge" immediately after birth, it should have a daily morning bath. The temperature of the water should be from 85° to 95° Fahr. A portable bath tub made of tin, non-irritating soap, soft towels, hot water, and a warm room are within the reach of all. One

thing more is necessary to complete the readiness for this essential ordeal, and I regret to say that my observation has found it too often lacking. I refer to the *thirty minutes* which many mothers claim can not be spared on account of other more "*important duties.*"

The clothing should be very simple. A soft flannel band should be worn both winter and summer. Woolen stockings should also be worn. In short, the abdomen and feet should be kept warm, and the body of the child protected against all draughts. As a rule, children are too warmly dressed. Oftentimes have I been astounded and disgusted at the removal of the countless number of wraps before the body of the almost "roasted" babe could be exposed for examination. If the house is kept at a proper temperature (about 70° Fahr.) very little clothing is required indoors. Then, when taken into the open air, the little one will not be overheated and in condition for taking cold; and wraps may be added as the indications of the weather demand.

In this connection I desire to mention a few hints about the diaper. The material out of which they are made is cheap, and an ample supply should always be kept on hand. The cloth should be removed as soon as it is soiled. If the excretions are permitted to remain in contact with the body too long they become a source of irritation, make the baby cross, and in many ways do harm. For the same reason rubber diapers are particularly objectionable. They are hot and uncomfortable; they hide the soilings and are carriers of the germs of disease. As soon as a diaper is soiled it should be removed and thrown into an antiseptic solution for twenty-four hours before being washed. If not treated in this manner it becomes a source of infection.

In the rearing of infants too little attention is given to matters of hygiene. The room should be well ventilated. The infant's bedding and clothing should be clean and well aired. The "pallet on the floor" should not be exposed to currents of air. The floor itself, preferably without carpet, should be kept scrupulously clean.

Another feature bearing an important relation to the welfare of the infant is weaning. No rule can be absolute. I believe that many mothers prolong the nursing of their children too long. Some, on the other hand, resort to weaning prematurely. In the former case the mother's strength fails, the milk becomes less in quantity and poor in quality, the child's nutrition becomes impaired, and the development of rhachitis or some other form of disease is the result. All things being equal, the infant should be weaned about the end of its

first year, at which time it requires additional nutriment. *Weaning should not* take place during the hot months of summer unless continued lactation betokens absolute peril to the infant's life. If hand-feeding becomes a *dernier ressort*, no matter at what period of infantile life, a difficult task presents itself. Statistics show the mortality of artificially-fed infants in foundling institutions to be exceedingly high, in some falling little short of one hundred per cent.

The physician is the *one*, and the *only one*, who should assume the grave responsibility of selecting a proper substitute for the natural food.

The time allotted in this paper will not permit a detailed account of artificial feeding. Suffice it to say, however, that a more universal familiarity with the chemistry of milk—its method of preparation and preservation; a more careful study of the quantity of food and intervals of feeding; more elaborate instructions concerning the care of bottles, nipples, and all other minutiae in hand-feeding—would aid materially in the attempt to *imitate "Nature's method."*

I can not leave this subject without calling attention to what I consider a vital point in relation to the rearing of infants—a *failure to make a correct diagnosis* of infantile disorders. Physicians are too careless in examining their patients, and especially among children. Too many meaningless names of disease are used by the laity and too readily accepted by the profession. Too often are medicines prescribed for *names*, regardless of their relative value to the real existing conditions.

The infant is said to have a "pain." An opiate is given because opium is good for a "pain." A little care might disclose the fact that the band was too tight or a pin was sticking the babe.

A child is said to have a "chill." Quinine is prescribed because it is the remedy for "chills." But the oft-repeated chills ultimately call for an examination, which reveals the presence of a diphtheritic mass in the throat too late for its relief.

A name for which so many indiscriminately prescribe is fever. Treating fever on general principles, without a clear conception of the cause, is a common error and one productive of evil. A case in point strongly illustrates this: I was called to see a child that had been treated with tincture of aconite and sweet spirits of nitre (on general principles) for "fever." It had been ill almost a week, with conditions growing rapidly worse. On being questioned, the mother stated that a week previously the child had run a splinter into its foot, "but," she continued, "the foot is almost well now, for I took the splinter out myself."

Unfortunately for the child, the mother's statement had been accepted.

Suspecting the cause, I made a bold incision and removed from the deeper structures of the foot a splinter as large as a shingle nail. Twenty-four hours later this case of "*fever*" would have developed into one of tetanus, and only because the physician had failed to make a correct diagnosis by neglecting to observe the ordinary methods of examination.

THE CHALFANT, INDIANAPOLIS, IND.

